

Sewer Acct. #:

1055710900

Company: SSM HEALTH ST LOUIS UNIVERSITY HOSPITAL

Address: 1201 S Grand Blvd

City: Saint Louis

State and Zip: MO 63104

Industry ID

30294

File Code

40

File Description

PERMIT



Metropolitan St. Louis Sewer District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
Phone: 314.436.8710 www.stlmsd.com

October 16, 2020

Madison Himelright
Environmental Safety Specialist
SSM HEALTH ST LOUIS UNIVERSITY HOSPITAL
1015 Corporate Square Dr., Suite 160
St. Louis, MO 63132

Re: Discharge Permit No: 1055710900
For premise at: 1201 S Grand Boulevard, Saint Louis, MO 63104

Dear Ms. Himelright:

The Metropolitan St. Louis Sewer District has completed its review of your application for the Industrial Wastewater Discharge Permit for the above premise.

Federal regulation 40 CFR 403 requires MSD to issue a permit to you. We based the draft permit on the following: information that you supplied in your Industrial User Questionnaire, on results from previous wastewater samplings and inspections, and on requirements contained in existing MSD ordinances and state and federal regulations.

Please review this draft copy carefully. If you disagree with any of the terms or conditions of the proposed permit please inform us, in writing, within 15 working days of receipt. MSD will deem absence of a response within this period as acceptance of the draft permit, and we will proceed to issue the final permit.

We appreciate your cooperation and support in helping us to comply with federal regulations. Please contact me at 314.436.8762, if you have any questions.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Carly Reidt
Assistant Engineer

bv

Enclosures: Draft Industrial Wastewater Discharge Permit

ec: Doug Mendoza
Dave Kupke

METROPOLITAN ST. LOUIS SEWER DISTRICT
DIVISION OF ENVIRONMENTAL COMPLIANCE
INDUSTRIAL WASTEWATER DISCHARGE PERMIT

PERMIT NO: 1055710900

EFFECTIVE DATE: December 01, 2020
EXPIRATION DATE: November 30, 2025

ISSUED TO: SSM HEALTH ST LOUIS UNIVERSITY HOSPITAL
1201 S Grand Boulevard
St. Louis, MO 63104

SIC NUMBER(S): 8062

TOTAL NUMBER OF PERMITTED DISCHARGE POINTS: 3
SAMPLING PT. REF NUMBER(S): 001, 002, 003

In accordance with the provisions of the Federal Pretreatment Regulations (40 CFR 403) and Metropolitan St. Louis Sewer District Ordinance No. 15048, the permittee is hereby authorized to discharge wastewater into the Metropolitan St. Louis Sewer District's sanitary or combined sewer system. All discharges so authorized shall be limited and controlled pursuant to the terms and conditions of this permit.

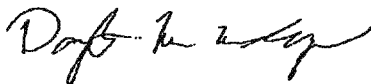
Noncompliance with any term or condition of this permit shall constitute an ordinance violation. If formal enforcement action is required to gain compliance, the permittee who is found guilty of a violation shall be subject to fine or imprisonment, or both such fine and imprisonment, for each violation. Each day in which any such violation shall continue shall be deemed a separate offense.

Compliance with the terms and conditions of this permit does not relieve the permittee of the obligation to comply with all other applicable pretreatment regulations, standards, or requirements under local, State and Federal laws, including any such regulation, standard, legal requirement, or law that may become effective during the life of this permit.

This permit only authorizes wastewater discharges identified herein. It does not apply to any other discharge.

METROPOLITAN ST. LOUIS SEWER DISTRICT


Carly Reidt
Assistant Engineer


Douglas M. Mendoza, P.E.
Mgr. of Industrial Pretreatment

DISCHARGE LIMITATIONS

SAMPLING POINT REFERENCE NUMBER: 001

SAMPLING POINT LOCATION: MH 18' E, 12' S from SW corner of garage

AVERAGE WASTEWATER FLOW (GPD): 36,687

WASTEWATER SOURCE AND CATEGORY: Hospital Waste + Lab Waste + Sanitary + Non-Contact Cooling Water + Storm Water

DISCHARGE LIMITATIONS AND SELF-MONITORING REQUIREMENTS

Parameter	Limit *	Limit Type **	Sampling Frequency
Biochemical Oxygen Demand (5 Day) [mg/L]	****	Daily Avg	Once/3 mo
Chemical Oxygen Demand [mg/L]	****	Daily Avg	Once/3 mo
Flow [GPD]	***	Daily Avg	***
Oil and Grease (Total) [mg/L]	200	Instant	Once/3 mo
Temperature [Deg C]	60	Instant	Once/3 mo
Total Phenols [mg/L]	21	Instant	Once/3 mo
Total Suspended Solids [mg/L]	****	Daily Avg	Once/3 mo
Total Toxic Organics [mg/L]	5.844	Instant	Once/year
pH [SU]	11.5	Instant	Once/3 mo
pH [SU]	5.5	Instant	Once/3 mo

* Limits are based on MSD Ordinance 15048 and applicable federal categorical standards. See Section II of the permit conditions for explanation of any adjustments to the published limits made pursuant to Article V, Section 2.B of the Ordinance.

** See Section I.A.2 of the permit conditions.

*** Report a measured or estimated average daily flow for at least one representative operating day per quarter. If additional flow measurements or estimates are made, all must be reported.

**** See Section I.A.11 of the permit conditions.

DISCHARGE LIMITATIONS

SAMPLING POINT REFERENCE NUMBER: 002

SAMPLING POINT LOCATION: MH 4' E from Adult Emergency Surface Parking lot

AVERAGE WASTEWATER FLOW (GPD): 32,330

WASTEWATER SOURCE AND CATEGORY: Hospital Waste + Sanitary + Non-Contact Cooling Water + Storm Water

DISCHARGE LIMITATIONS AND SELF-MONITORING REQUIREMENTS

Parameter	Limit *	Limit Type **	Sampling Frequency
Biochemical Oxygen Demand (5 Day) [mg/L]	****	Daily Avg	Once/3 mo
Chemical Oxygen Demand [mg/L]	****	Daily Avg	Once/3 mo
Flow [GPD]	***	Daily Avg	***
Oil and Grease (Total) [mg/L]	200	Instant	Once/3 mo
Temperature [Deg C]	60	Instant	Once/3 mo
Total Phenols [mg/L]	21	Instant	Once/3 mo
Total Suspended Solids [mg/L]	****	Daily Avg	Once/3 mo
Total Toxic Organics [mg/L]	5.844	Instant	Once/year
pH [SU]	11.5	Instant	Once/3 mo
pH [SU]	5.5	Instant	Once/3 mo

* Limits are based on MSD Ordinance 15048 and applicable federal categorical standards. See Section II of the permit conditions for explanation of any adjustments to the published limits made pursuant to Article V, Section 2.B of the Ordinance.

** See Section I.A.2 of the permit conditions.

*** Report a measured or estimated average daily flow for at least one representative operating day per quarter. If additional flow measurements or estimates are made, all must be reported.

**** See Section I.A.11 of the permit conditions.

DISCHARGE LIMITATIONS

SAMPLING POINT REFERENCE NUMBER: 003

SAMPLING POINT LOCATION: Total flow in MH 8' N, 63' W from SW corner of shipping receiving building

AVERAGE WASTEWATER FLOW (GPD): 65,313

WASTEWATER SOURCE AND CATEGORY: Hospital Waste + Kitchen Waste + Sanitary + Non-Contact Cooling Water + Boiler Blowdown + Storm Water

DISCHARGE LIMITATIONS AND SELF-MONITORING REQUIREMENTS

Parameter	Limit *	Limit Type **	Sampling Frequency
Biochemical Oxygen Demand (5 Day) [mg/L]	****	Daily Avg	Once/3 mo
Chemical Oxygen Demand [mg/L]	****	Daily Avg	Once/3 mo
Flow [GPD]	***	Daily Avg	***
Oil and Grease (Total) [mg/L]	200	Instant	Once/3 mo
Temperature [Deg C]	60	Instant	Once/3 mo
Total Phenols [mg/L]	21	Instant	Once/3 mo
Total Suspended Solids [mg/L]	****	Daily Avg	Once/3 mo
Total Toxic Organics [mg/L]	5.844	Instant	Once/year
pH [SU]	11.5	Instant	Once/3 mo
pH [SU]	5.5	Instant	Once/3 mo

* Limits are based on MSD Ordinance 15048 and applicable federal categorical standards. See Section II of the permit conditions for explanation of any adjustments to the published limits made pursuant to Article V, Section 2.B of the Ordinance.

** See Section I.A.2 of the permit conditions.

*** Report a measured or estimated average daily flow for at least one representative operating day per quarter. If additional flow measurements or estimates are made, all must be reported.

**** See Section I.A.11 of the permit conditions.

PERMIT CONDITIONS

SECTION I - GENERAL CONDITIONS:

A. MONITORING AND REPORTING REQUIREMENTS:

1. From the effective date of this permit, the permittee shall sample and analyze the discharge, at each of the identified sampling points. The pollutants to be monitored, the limitations, limitation types and minimum sampling frequencies are specified individually for each sampling point. The results of sample analyses and the results of all other self-monitoring activities specified in this permit shall be reported to the District as per paragraph A.9 below.

2. The limitation types, which may be specified in this permit, are defined as follows:

An **INSTANT** limitation is the maximum allowable concentration or mass of the pollutant in a grab sample for all pollutants except pH and temperature. For pH, the INSTANT limitations are the minimum and maximum allowable instantaneous pH values in standard units. For temperature, the INSTANT limitation is the maximum allowable instantaneous temperature in degrees Celsius (centigrade).

A **DAILY AVG** limitation is the maximum allowable concentration or mass of the pollutant in a composite sample collected within a 24-hour period.

A **DAILY MAX** limitation is the maximum allowable concentration or mass of the pollutant in any sample collected within a 24-hour period.

A **MONTHLY AVG** limitation is the maximum allowable average concentration or mass of the pollutant determined by calculating the arithmetic average of the concentrations or masses found in all daily samples collected within a calendar month.

A **4-DAY AVG** limitation is the maximum allowable average concentration or mass of the pollutant determined by calculating the arithmetic average of the concentrations or masses found in the daily samples collected on four consecutive sampling days. Sampling days are not necessarily consecutive calendar days.

Note: A daily sample is any sample collected within a 24-hour period.

3. Unless specified otherwise in Section II of these conditions all samples, collected to satisfy the monitoring and reporting requirements of this permit, shall be of the following types:

- Temperature, pH and chlorine residual measurements, when required, **shall be made on-site at the points of discharge** and those measurements reported as grab sample results except, if continuous monitoring is employed for pH and/or temperature, reporting shall be as per paragraph A.7 below.
- For oil and grease, total phenols, cyanide, sulfide and volatile organics, when required, samples shall be **Grab Samples**.
- For all other pollutants, samples shall be **COMPOSITE SAMPLES** made up by combining a minimum of four individual grab samples within a 24-hour period. The individual grabs must be adequately flow or time proportioned to ensure a composite sample that is representative of that day's discharge.

4. When monitoring is required for Total Toxic Organics (TTO), the TTO result shall be determined by summing all quantifiable values greater than 0.01 mg/l for the applicable toxic organics.

a. For a discharge subject to a categorical pretreatment standard, the applicable toxic organics are listed in the standard. The standards are contained in 40 CFR 405 through 40 CFR 471.

b. For all other discharges the applicable toxic organics are all of those, from the list in 40 CFR 401.15, which are or may be present in the discharge.

In addition to reporting the summed TTO result, the permittee shall include, with the self-monitoring report, the analytical value obtained for each toxic organic analyzed.

5. Sampling of all discharges shall be conducted in such a manner as to ensure that the results of individual samples (whether grab or composite) are representative of normal operations and that the results of all samples during the reporting period are representative of the conditions during the reporting period.

6. All sampling and analyses performed to satisfy the monitoring and reporting requirements of this permit shall be performed in accordance with the techniques prescribed in 40 CFR 136 and amendments thereto unless other techniques are prescribed, within this permit, for specific parameters.

7. If the permittee employs continuous monitoring techniques for pH, temperature, and/or lower explosive limit at any sampling point identified in this permit, unintentional and temporary excursions outside the limitations are allowed subject to the provisions of Article X, Subsection Two-D of District Ordinance 15048. The permittee shall include, with each self-monitoring report, a summary of the continuous monitoring data. For each month, the summary shall show all excursions outside the permitted limitations, the elapsed time for each excursion, and the total time for all excursions for temperature, pH, and/or lower explosive limit.

8. If the permittee monitors any of the listed pollutants, using the methods specified in this permit, more often than required by this permit, the results of all such additional monitoring and any additional flow measurements shall be included in the self-monitoring reports.

9. A self-monitoring report (on forms supplied or approved by the District) shall be submitted to the District's Division of Environmental Compliance for each calendar quarter. Each report shall include:

- All facility and sample description information required on the District's reporting form.
- Analytical results, with dates and times, for all analyzed samples collected within the quarter.
- Daily flows, with dates, for all measurements or estimates made within the quarter.
- Any certification statements required pursuant to the Special Conditions in Section II.
- Any other data or attachments required pursuant to the Special Conditions in Section II.

Each self-monitoring report shall be certified and signed by an individual authorized in accordance with the provisions of Article X, Section Three of District Ordinance 15048. The reports shall be submitted to the District as soon as possible after all required data are available, but no later than 28 days after the end of each quarter.

For the calendar quarter of:

January 1 through March 31

April 1 through June 30

July 1 through September 30

October 1 through December 31

The report must be postmarked no later than:

April 28

July 28

October 28

January 28

A report must be submitted for each calendar quarter even if, for any reason, sampling was not required or was not performed during the quarter. **The first report under this permit is due by April 28, 2021. For non-quarterly self-monitoring requirements, the permit year commences on January 1.**

10. If any sampling performed by the permittee, using the methods specified in this permit, indicates a violation of any permit limitation, the permittee shall notify the District's Division of Environmental Compliance within one business day of becoming aware of the violation. The permittee shall resample the discharge and shall submit the results of the resampling within thirty (30) days of becoming aware of the violation.

11. Unless specified elsewhere in this permit, discharges of Biochemical Oxygen Demand (BOD), Chemical Oxygen Demand (COD) and Total Suspended Solids (TSS) are not limited under the terms of this permit. However, the monitoring values reported will be used by the District to assess the applicability of extra-strength surcharges under the provisions of the District's Wastewater User Charge Ordinances. Extra-strength surcharges may be applicable when measured values exceed 300 mg/l for BOD, 600 mg/l for COD and/or 300 mg/l for TSS. If the permittee is currently subject to extra-strength surcharge, the BOD, COD and TSS values used for billing, as of the permit effective date, are listed in Section II of the permit conditions. These values are updated periodically and may change during the life of this permit.

B. CHANGE IN DISCHARGE:

1. The permittee shall not significantly increase the average daily volume, or flow rate of discharge or add any significant new pollutants or significantly increase the discharge of existing pollutants set forth in this permit without first having secured an amendment to the permit unless the permit conditions authorize such increase or additions without an amendment.

2. The permittee shall notify the District's Division of Environmental Compliance of any proposed significant new or increased discharge. The permittee shall make the notification at least ten (10) business days prior to the date of the planned increase or addition.

3. As defined in Article II of District Ordinance 15048, significant new or increased discharge means:

- a. Any discharge from a new process or facility or a new source.
- b. Any increase in volume or rate of discharge from an existing process or facility when the new long term average daily volume or rate of discharge will exceed the previous long term average by 20% or more.
- c. Any addition of a priority pollutant or toxic pollutant not previously present or suspected present in the permittee's discharge.
- d. Any addition of a hazardous waste subject to, but not previously reported under the reporting requirements in Article VIII, Section Nine of District Ordinance 15048.
- e. Any increase in mass of an existing regulated pollutant when the new long term average daily mass discharge of that pollutant will exceed the previous long term average by 20% or more.
- f. Any addition of a new pollutant or any increase in mass of an existing pollutant when the discharge of such pollutant may cause or contribute to interference or pass-through as these terms are defined in Article II of District Ordinance 15048.
- g. Any new batch discharges when previous discharges from an existing source at the permitted facility occurred on a continuous basis.

C. PROBLEM DISCHARGE:

1. Problem discharge means any upset, slug discharge, bypass, spill or accident which does or may result in a discharge into the District's system of a prohibited substance; or of a regulated substance in excess of limitations established in this permit and which may: (a) cause interference or pass through; or (b) contribute to a violation of any requirement of the District's NPDES permit; or (c) cause violation of any State or Federal water quality standard.

2. In the event of any problem discharge into the District's system, the permittee shall immediately notify the District, by telephone, of the incident and shall provide such information as may be required at that time in order to assess the impact of the incident on the District's system or on water quality. Within five (5) business days following any such incident, the permittee shall submit to the District's Division of Environmental Compliance a detailed written report which contains a description of the incident and its cause, location within the permittee's facility, exact dates and times of the period of problem discharge and, if not yet corrected, the anticipated time the incident is expected to

continue, and steps taken or planned to correct the current incident and to reduce, eliminate and prevent occurrences of future such incidents.

3. Slug discharge control: The permittee shall develop and implement procedures to control slug discharges, as required by the District, and shall notify the District immediately of any changes at the permittee's facilities, not already addressed in the permittee's slug control requirements, which may affect the potential for a slug discharge.

D. BYPASSING PROHIBITED:

The permittee may not bypass any portion of its pretreatment facilities except when necessary to perform essential maintenance and then only if the bypass will not result in a violation of applicable pretreatment standards or requirements. Any other pretreatment facility bypass is prohibited unless:

- a. The bypass is unavoidable to prevent loss of life, personal injury or severe property damage;
- b. There are no feasible alternatives to the bypass; and
- c. In the event of an anticipated bypass, advance notice is provided to the District's Division of Environmental Compliance.

E. PERMIT REVOCATION:

This permit may be revoked after thirty (30) days notice to the permittee for cause including, but not limited to, the following causes:

- a. A violation of any term or condition of this permit.
- b. A misrepresentation or failure to fully disclose all relevant facts in obtaining this permit.

F. PERMIT TERMINATION OR MODIFICATION:

1. This permit may be modified, after thirty (30) days notice to the permittee following promulgation of new State, Federal or local regulations to ensure compliance with the effective dates contained in any such new regulations.

2. Whenever any discharge covered by this permit is permanently eliminated, or when the circumstances upon which the permit was based pursuant to MSD Ordinance 15048, Article VI, Subsection 3.A, change, this permit will be terminated or modified upon verification of the changes by the District's Division of Environmental Compliance.

G. PERMIT RENEWAL:

The permittee shall apply for renewal of this permit at least one hundred eighty (180) days prior to the expiration date contained herein.

H. PERMIT TRANSFER:

This permit may not be transferred or reassigned. If the premise covered by this permit is sold or otherwise transferred to a new owner, the new owner shall apply for a new permit at least ten (10) days prior to the transfer and shall abide by all of the provisions of District Ordinance 15048 until the District issues a new permit or denies the application.

I. RIGHT OF ENTRY:

In order to ensure compliance with the provisions of this permit, District Ordinances and applicable State and Federal regulations, District representatives may inspect a permittee's treatment, pretreatment or discharge control facilities, or any process or any area of the permittee's premise which may be a source of any discharge or a source of any pollutants contained in any discharge into the District's wastewater system; conduct sampling of such facilities, processes or areas; and examine or copy any permittee's records related to such discharges. Any duly authorized representative of the District, upon presentation of proper credentials and after execution of appropriate confidentiality agreements, shall be permitted access to appropriate areas of the permittee's premises without prior notice for these purposes. A representative of the permittee shall, if appropriate, accompany the District representative while the work is being performed and shall assure that all applicable safety rules are being observed by the District's representative.

J. RECORDS RETENTION:

The permittee shall retain and preserve, for not less than five (5) years, all records, books, documents, memoranda, reports, sample analysis results, correspondence and any and all summaries thereof relating to the monitoring, sampling and chemical analyses of the permittee's discharge made by or on the permittee's behalf.

K. DEFINITIONS:

Unless the context specifically indicates otherwise, the meaning of terms used in this permit shall be as defined in Article II of District Ordinance 15048.

L. SEWER USE ORDINANCE:

Unless the context specifically indicates otherwise, the permittee is subject to all provisions of District Sewer Use Ordinance 15048.

M. NOTIFICATION AND REPORTING:

1. All notifications and reports required by this permit shall be directed to:

Metropolitan St. Louis Sewer District
Division of Environmental Compliance
10 East Grand Avenue
St. Louis, Missouri 63147-2913

2. Emergency notifications may be made 24-hours a day, 7 days a week by calling the District's dispatcher at (314) 768-6260.

3. During normal business hours, notifications may be made by calling the District's Division of Environmental Compliance at (314) 436-8710.

SECTION II- SPECIAL CONDITIONS:

These Special Conditions may supplement and/or amend the standard terms of this permit or the General Conditions in Section I. Where there is any perceived conflict between a Special Condition and either the standard permit terms or the General Conditions of Section I, the Special Condition shall govern.

A. SPECIAL SAMPLING AND ANALYTICAL PROCEDURES

A.1. No Monitoring When Influenced by Storm Runoff

Sampling points **001**, **002**, and **003** may, at times, convey storm water in addition to wastewater regulated by this permit. The self-monitoring required pursuant to Section I.A.1 of this permit, shall be conducted only at times when the discharge of regulated wastewater will not be influenced by storm water runoff.

B. SPECIAL CERTIFICATION AND REPORTING REQUIREMENTS

B.1. Radioactive Discharge Reporting Requirements

Permittee is authorized to discharge not more than the following amount of radioactive material per year to the District's sanitary sewers:

- (1) For materials subject to licensing by the Nuclear Regulatory Commission:
 - 5 curies Hydrogen-3
 - 1 curie Carbon-14
 - 1 curie for all other radioactive materials combined
- (2) For all other materials:
 - 1 curie for all radioactive materials combined

Excreta from individuals undergoing medical diagnosis or treatment with radiological materials shall be exempt from this prohibition. Any radioactive material discharged to the wastewater system must be readily soluble (or readily dispersible biological material) in water. This authorized level may be modified at any time should the District determine that permittee's discharge of radioactive materials, either alone or in conjunction with other user's discharges of radioactive materials, causes interference as defined in MSD Ordinance 15048.

The permittee shall include with each quarterly self-monitoring report, on forms supplied by the District, a radioactive materials discharge report. The report shall specify the activity discharged to the sewer system by radionuclide during the reporting period. The permittee shall also certify compliance with state and federal regulations for disposal of radioactive material by release into sanitary sewage.

THIS IS THE LAST PAGE OF THIS PERMIT

MSD 036734

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

--- NONE ---

PART IV: GENERAL CERTIFICATION STATEMENTS

B. Certify Discharge Monitoring Report & Attachments

All permittees must sign and complete the information below:

I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print or type name of signing official: _____

Title: _____ Telephone: _____

Signature: _____ Date: _____

Send to: DECPT@stlmsd.com

If you do not have access to email, the form may be mailed to:

METROPOLITAN ST. LOUIS SEWER DISTRICT
DIVISION OF ENVIRONMENTAL COMPLIANCE
10 GRAND AVE
ST. LOUIS, MO 63147

Please do not submit both an emailed report and a mailed report.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL WASTEWATER DISCHARGE PERMIT

PERMIT FACT SHEET

Check one:

FIRST TIME PERMIT

☒

Prepared by: C. Reidt

Date: 10/15/2020

RENEWAL

☐

Reviewed by: DMM

Date: 10/16/2020

PERMIT NO: 1055710900

EFFECTIVE DATE: 12/1/2020

EXPIRATION DATE: 11/30/2025

COMPANY NAME: SSM HEALTH ST LOUIS UNIVERSITY HOSPITAL

PREMISE ADDRESS: 1301 S Grand Boulevard, Saint Louis, MO 63104

RELATED ACCOUNT NUMBERS: N/A

TYPE OF OPERATION: General hospital health care (including general offices)

TOTAL NUMBER OF SAMPLING POINTS: 3 or NO SAMPLING POINT ☐

NUMBER OF: ORDINANCE 3 CATEGORICAL 0 COMBINED 0

CATEGORICAL INDUSTRY? YES ☐ NO ☒

If Yes, 40 CFR _____ Subpart _____

PSES ☐ PSNS ☐

40 CFR _____ Subpart _____

PSES ☐ PSNS ☐

EXTRA STRENGTH SURCHARGE? YES ☐ NO ☒ If Yes, BOD _____ COD _____ TSS _____

RETURN FACTOR? YES ☐ NO ☒ If Yes, Acct #(s) _____ RF _____

SPECIAL CONDITIONS REQUIRED? YES ☒ NO ☐

All SMR start dates begin at start of calendar quarter: ☐ same as/containing permit effective date
☒ following permit effective date

SMR General Cert. B attached to first permit SP (001) at reporting frequency of once/3mo? Y ☒ N ☐

SUPPORTING DOCUMENTS ATTACHED

"Special Certs & Gen Rpts for Spec Conditions not tied to Specific SPs" Sheet:

YES NO N/A

☒☐

Pollutant & Limitations Documentation Sheets:

☒☐

Permit Preparation Checklist:

☒☐

Production-based Standards Calc. Sheets (for Sampling Points _____)

☐☐☒

Mass-based Standards Calc. Sheets (for Sampling Points _____)

☐☐☒

Equivalent Concentration Limits Sheets (for Sampling Points _____)

☐☐☒

Most Strict Limits Sheets (for Sampling Points _____)

☐☐☒

Combined Wastestream Formula Sheets (for Sampling Points _____)

☐☐☒

Text of any Customized Special Conditions: If Yes, for which SCs: _____

☐☐☒

Other: _____

COMMENTS (Include notations of any significant changes from last permit):

Permit for new location. Per the IUQ, flows at each sample point were estimated based on water usage at the old location. Additionally, lead, zinc, & mercury listed as KP/SP pollutants. Used in small amounts (5 lbs. per year) with 0 lbs. to sewer. No monitoring required for these pollutants as a result.

PERMIT NO: 1055710900

SPECIAL CONDITIONS NOT TIED TO SPECIFIC SAMPLE POINTS

Special Condition:	# <u>E.18</u>	# _____	# _____	# _____	# _____	# _____	# _____	# _____
List any related SMR certifications:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
SMR certification frequency:	[none]	[none]	[none]	[none]	[none]	[none]	[none]	[none]
List any related General Reports:	# <u>Rad discharge report</u>	# _____	# _____	# _____	# _____	# _____	# _____	# _____
General Report frequency:	<u>once 3 mo</u>	[none]	[none]	[none]	[none]	[none]	[none]	[none]

Are all the SMR certifications listed above associated with first permit sample point (001)? YES ☐ NO ☐ N/A (No Certs) ☒

Check here if there are no non-SP-specific Special Conditions: ☐

SAMPLING POINT REFERENCE NUMBER: 001

TYPE: Ord ☒ Cat ☐ Comb ☐

Wastewater Components: Hospital Waste + Lab Waste + Sanitary + Non-Contact Cooling Water + Storm Water

Flow Rate: 36,687

Units: GPD

Basis for Flow Rate: 09/21/20 IUQ

Pollutants	Basis for inclusion (or exclusion of std polls)	Basis for limitation (Ord 15048, CFR____, etc)	Monitoring frequency	Basis for monitoring freq. (std for vol, etc; innocuous, low flow, etc)	Any OK?
GENERAL:					
FLOW	Standard	N/A	once 3 mo	Standard for flow	
BOD	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
COD	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
O&G	Standard	Ordinance 15048	once 3 mo	Standard for volume	
pH	Standard	Ordinance 15048	once 3 mo	Standard for volume	
Temp	Standard	Ordinance 15048	once 3 mo	Standard for volume	
TSS	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
Ord. TTO	Standard	Ordinance 15048	once/year	Standard for volume, TTO's	
Total Phenols	Standard for hospitals; KP pollutant	Ordinance 15048	once 3 mo	Standard for volume	<input type="checkbox"/>
			[none]		<input type="checkbox"/>
PRIORITY/CATEGORICAL:					
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
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			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>

Special Condition:	# D.10	# _____	# _____	# _____	# _____	# _____	# _____	# _____
List related SMR certs:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
SMR cert frequency:	# [none]	# [none]	# [none]	# [none]	# [none]	# [none]	# [none]	# [none]
List related General Rpts:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
General Rpt frequency:	# [none]	# [none]	# [none]	# [none]	# [none]	# [none]	# [none]	# [none]

Is this an Ord or Comb SP w/mon for TTO and that has no TOs on site? YES ☐ NO ☒ If Yes, is SMR Gen Cert. A attached at once/3 mo freq.? YES ☐

Any significant changes? YES ☐ NO ☒ Explain: _____

SAMPLING POINT REFERENCE NUMBER: 002

TYPE: Ord ☒ Cat ☐ Comb ☐

Wastewater Components: Hospital Waste + Sanitary + Non-Contact Cooling Water + Storm Water

Flow Rate: 32,330

Units: GPD

Basis for Flow Rate: 09/21/20 IUQ

Pollutants	Basis for inclusion (or exclusion of std polls)	Basis for limitation (Ord 15048, CFR____, etc)	Monitoring frequency	Basis for monitoring freq. (std for vol, etc; innocuous, low flow, etc)	Any OK?
GENERAL:					
FLOW	Standard	N/A	once 3 mo	Standard for flow	
BOD	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
COD	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
O&G	Standard	Ordinance 15048	once 3 mo	Standard for volume	
pH	Standard	Ordinance 15048	once 3 mo	Standard for volume	
Temp	Standard	Ordinance 15048	once 3 mo	Standard for volume	
TSS	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
Ord. TTO	Standard	Ordinance 15048	once/year	Standard for volume, TTO's	
Total Phenols	Standard for hospitals; KP pollutant	Ordinance 15048	once 3 mo	Standard for volume	<input type="checkbox"/>
			[none]		<input type="checkbox"/>
PRIORITY/CATEGORICAL:					
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>

Special Condition:	# <u>D.10</u>	# _____	# _____	# _____	# _____	# _____	# _____	# _____
List related SMR certs:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
SMR cert frequency:	[none]	[none]	[none]	[none]	[none]	[none]	[none]	[none]
List related General Rpts:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
General Rpt frequency:	[none]	[none]	[none]	[none]	[none]	[none]	[none]	[none]

Is this an Ord or Comb SP w/mon for TTO and that has no TOs on site? YES ☐ NO ☒ If Yes, is SMR Gen Cert. A attached at once/3 mo freq.? YES ☐

Any significant changes? YES ☐ NO ☒ Explain: _____

SAMPLING POINT REFERENCE NUMBER: 003

TYPE: Ord ☐ Cat ☐ Comb ☐

Wastewater Components: Hospital Waste + Kitchen Waste + Sanitary + Non-Contact Cooling Water + Boiler Blowdown + Storm Water

Flow Rate: 65,313

Units: GPD

Basis for Flow Rate: 09/21/20 IUQ

Pollutants	Basis for inclusion (or exclusion of std polls)	Basis for limitation (Ord 15048, CFR____, etc)	Monitoring frequency	Basis for monitoring freq. (std for vol, etc; innocuous, low flow, etc)	Any OK?
GENERAL:					
FLOW	Standard	N/A	once 3 mo	Standard for flow	
BOD	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
COD	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
O&G	Standard	Ordinance 15048	once 3 mo	Standard for volume	
pH	Standard	Ordinance 15048	once 3 mo	Standard for volume	
Temp	Standard	Ordinance 15048	once 3 mo	Standard for volume	
TSS	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
Ord. TTO	Standard	Ordinance 15048	once/year	Standard for volume, TTO's	
Total Phenols	Standard for hospitals; KP pollutant	Ordinance 15048	once 3 mo	Standard for volume	<input type="checkbox"/>
			[none]		<input type="checkbox"/>
PRIORITY/CATEGORICAL:					
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>

Special Condition:	# <u>D.10</u>	# _____	# _____	# _____	# _____	# _____	# _____	# _____
List related SMR certs:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
SMR cert frequency:	[none]	[none]	[none]	[none]	[none]	[none]	[none]	[none]
List related General Rpts:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
General Rpt frequency:	[none]	[none]	[none]	[none]	[none]	[none]	[none]	[none]

Is this an Ord or Comb SP w/mon for TTO and that has no TOs on site? YES ☐ NO ☒ If Yes, is SMR Gen Cert. A attached at once/3 mo freq.? YES ☐

Any significant changes? YES ☐ NO ☒ Explain: _____

PERMIT PREPARATION CHECKLIST – PART 1
(Fact Sheet Attachment)

Company Name: SSM HEALTH ST LOUIS UNIVERSITY HOSPITAL

Permit No.: 1055710900

Effective Date: 12/1/2020

Prepared by: C. Reidt

Date: 10/15/2020

REVIEW THE PRETREATMENT DATABASE (PIMS), INDUSTRY FILE AND PERMIT APPLICATION.
ANSWER THESE QUESTIONS & UPDATE THE DATABASE PRIOR TO DEVELOPING THE DRAFT PERMIT.

1. Are the correct SICs listed? Yes ☒ No ☐
If no, add _____ delete: _____
2. Is user in surcharge? Yes ☐ No ☒
If yes, date last certified: _____
If yes, Special Condition F.2 applies.
3. Does user's premise have more than one MSD account? Yes ☐ No ☒
If yes, were all account numbers correctly listed (including occupant #s)? Yes ☐ No ☐
If no, have account numbers been corrected in database before proceeding? Yes ☐ No ☐
4. Does user have a Return Factor (RF) other than 1.00 for any account? Yes ☐ No ☒
If yes, list acct no., RF and date last updated:
Acct _____ RF _____ Updated _____
Acct _____ RF _____ Updated _____
If yes, Special Condition F.1 applies.
5. Does user discharge water (on-site) from a source not included in the MSD Billing system? Yes ☐ No ☒
If yes, Special Condition F.3 & General Report "Discharge Volume for Billing" apply.
If yes, Is a flow meter used to record the volume discharged from this other source? Yes ☐ No ☐
If yes, SC E.37 and Gen. Rpt. "Calibration of Discharge Flow Meter" apply.
If no, SC E.38 applies.
6. Have you established agreement among permit application, water consumption records and PIMS on component flows at each SP, total SP flows and total premise flow? Yes ☐ No ☒
If no, explain No water usage data available in eCIS at the time of the IUQ being completed; flow estimates for each point were made based on data from old hospital location's usage.
7. Has user been granted any variances from ordinance limitations? Yes ☐ No ☒
If yes, Application Date: _____
Approval Date: _____, or approved as part of this permit issuance? Yes ☐
(Variances cannot last more than 5 years after approval)
If yes, Parameter(s) _____ at SP(s) _____
If yes, Special Condition C.4 applies.
8. Have any numerical limitations been applied to user, in addition to those already contained in the ordinance? Yes ☐ No ☒
If yes, Parameter(s) _____ at SP(s) _____
Date limit(s) originally applied: _____, or as part of variance above? ☐
If yes, are Special Conditions, other than the standard special conditions, required? Yes ☐ No ☐
If yes, explain under "non-standard special conditions" question below.
9. Does user discharge any radioactive materials? Yes ☒ No ☐
If yes, Special Condition E.18 & General Report "Radiation Discharge" apply.
10. Does user generate wastes and/or wastewater by genetic engineering research? Yes ☐ No ☒
If yes, Special Condition B.12 applies.
11. Do all of the user's active connections, to MSD sewers, have identified SPs? Yes ☒ No ☐
If no, explain: _____
If no, is documentation sufficient to use Special Condition?
E.5 ☐ "Sampling Not Required at Connections with NO SP and with SP on parts",
E.6 ☐ "Sampling Not Required at Connection with NO SP on it",
E.7 ☐ "Sampling Not Required at Connection with SP on only part of it", or
E.8 ☐ "Sampling Not Required at Permittee with No SP"?
If no, is compliance schedule necessary to obtain documentation? Yes ☐ No ☐
If yes, Special Condition G.1 is necessary.
12. Does premise require use of "upstream/downstream" sampling? Yes ☐ No ☒
If yes, Upstream SP # _____ & Downstream SP # _____
If yes, Special Conditions D.11 and E.9 apply.
13. Are there any inactive connections to MSD sewers? Yes ☐ No ☒
If yes, Special Condition E10 applies.
14. Have you verified, in PIMS, the SP location descriptions are complete and adequate? Yes ☒ No ☐

15. Have you verified, in PIMS, the discharge components, process descriptions and related flows at all SPs, are complete and adequate? Yes ☒ No ☐

16. Does user have any discharges subject to NPDES permitting regulations? Yes ☐ No ☒
 If yes, list MSD points & corresponding NPDES points: _____
 If yes, Special Condition E.14 applies.

17. Do any SPs convey stormwater in addition to regulated wastewater? Yes ☒ No ☐
 If yes, list points: 001, 002, 003 and note on P&LD sheets.
 If yes, Special Condition D.10 applies.

18. Are any SPs Dry Justified in PIMS? Yes ☐ No ☒
 If yes, list points _____ and note on P&LD sheets.
 If yes, no self-monitoring is required, and Special Condition E.3 applies.

19. Are there SPs where user discharges only non-process wastewater? Yes ☐ No ☒
 If yes, does no self-monitoring requirement / Special Condition E.3 apply? Yes ☐ No ☐
 If yes, list points _____ and note on P&LD sheets.

20. Are there SPs with infrequent discharges that require coordination with the user for MSD to collect samples? Yes ☐ No ☒
 If yes, list points: _____ and note on P&LD sheets.
 If yes, Special Condition D.14 applies.

21. Is documentation adequate to allow use of grab samples in lieu of composites at any SPs? Yes ☐ No ☒
 If yes, list points _____ and note on P&LD sheets.
 If yes, Special Condition D.1 applies.

22. Are there SPs with self-monitoring requirements, but at less than a quarterly frequency, for all parameters? Yes ☐ No ☒
 If yes, list points _____ and note on P&LD sheets.
 If yes, Special Condition E.4 applies.

23. Can local limits TTO be removed from monitoring at any ordinance SPs? Yes ☐ No ☒
 If yes, list points _____ and explain on P&LD sheets.
 If yes, does TTO also need to be removed from MSD's monitoring? Yes ☐ No ☐
 If yes, discuss with inspector (name: _____) and explain why it had been monitored by MSD:

24. Does user have a history of compliance problems at this or a previous location? Yes ☐ No ☒
 If yes, explain problems: _____
 If yes, is a compliance schedule required? Yes ☐ No ☐
 If yes, Special Condition G.1 applies.
 Is supporting documentation attached? Yes ☐ No ☐
 If yes, are any other special requirements required? Yes ☐ No ☐
 Explain:

25. Has user chosen to employ continuous monitoring techniques for:
 pH? If yes, list points _____. SC E.29 & Gen Rpt "Cont-Mon pH Excursions" apply. Yes ☐ No ☒
 Temp? If yes, list points _____. SC E.30 & Gen Rpt "Cont-Mon Temp Excursions" apply. Yes ☐ No ☒
 LEL? If yes, list points _____. SC E.31 & Gen Rpt "Cont-Mon LEL Excursions" apply. Yes ☐ No ☒
 If yes for pH or Temp, have corresponding SP limits in PIMS been set to 'Alert Only' and does PIMS Monitoring Special Instructions have notes re. field 'violations'? Yes ☐ No ☐

26. Does the company perform any processes for which summaries of activities are needed? Yes ☐ No ☒
 If yes, Special Condition E.33 & General Report "Process Activity Summary" apply.

27. Are special billing conditions, other than the standard Special Conditions, needed? Yes ☐ No ☒
 If yes, describe: _____
 If yes, Special Condition F.4 applies.
 Does General Report "Discharge Volume for Billing" apply? Yes ☐ No ☐
 Does General Report "Custom Non-Standard" apply? Yes ☐ No ☐

28. Are any Special Conditions, other than the standard special conditions, required? Yes ☐ No ☒
 If yes, explain: _____
 Which Special Condition applies? _____
 Is supporting documentation attached? Yes ☐ No ☐
 If no, explain: _____
 Does General Report "Custom Non-Standard" apply? Yes ☐ No ☐

29. Is user a hauled waste industry, discharging its wastewater at the Hauled Waste Station? Yes ☐ No ☒
 If yes, have ☐ permit title, ☐ cover page, & ☐ general conditions been modified? Yes ☐ No ☐
 If yes, Special Conditions B.9, C.7, D.13, H.1, and H.2 apply.

30. Is user classified as a Categorical Industrial User (CIU)? Yes ☐ No ☒
 If yes, complete part 2 of checklist. If no, STOP here.

List all the Special Conditions from Part 1 that are applicable to this permit.
 List those that are specific to a sampling point on that sampling point's fact sheet, too.
 List those that are not specific to a sampling point on the "Special Conditions Not Tied to Specific SPs" fact sheet, too.

General Report	Special Condition #	Sampling Point #
	E.18	N/A
	D.10	001, 002, 003

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL WASTEWATER DISCHARGE PERMIT

PERMIT FACT SHEET

Check one:

FIRST TIME PERMIT	<input checked="" type="checkbox"/>	Prepared by: C. Reidt	Date: 10/15/2020
RENEWAL	<input type="checkbox"/>	Reviewed by: DMM	Date: 10/16/2020

PERMIT NO: 1055710900 EFFECTIVE DATE: 12/1/2020 EXPIRATION DATE: 11/30/2025

COMPANY NAME: SSM HEALTH ST LOUIS UNIVERSITY HOSPITAL

PREMISE ADDRESS: 1301 S Grand Boulevard, Saint Louis, MO 63104

RELATED ACCOUNT NUMBERS: N/A

TYPE OF OPERATION: General hospital health care (including general offices)

TOTAL NUMBER OF SAMPLING POINTS: 3 or NO SAMPLING POINT ☐

NUMBER OF: ORDINANCE 3 CATEGORICAL 0 COMBINED 0

CATEGORICAL INDUSTRY? YES ☐ NO ☒

If Yes, 40 CFR _____ Subpart _____ PSES ☐ PSNS ☐

40 CFR _____ Subpart _____ PSES ☐ PSNS ☐

EXTRA STRENGTH SURCHARGE? YES ☐ NO ☒ If Yes, BOD _____ COD _____ TSS _____

RETURN FACTOR? YES ☐ NO ☒ If Yes, Acct #(s) _____ RF _____

SPECIAL CONDITIONS REQUIRED? YES ☒ NO ☐

All SMR start dates begin at start of calendar quarter: ☐ same as/containing permit effective date
☒ following permit effective date

SMR General Cert. B attached to first permit SP (001) at reporting frequency of once/3mo? Y ☒ N ☐

<u>SUPPORTING DOCUMENTS ATTACHED</u>	YES	NO	N/A
"Special Certs & Gen Rpts for Spec Conditions not tied to Specific SPs" Sheet:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pollutant & Limitations Documentation Sheets:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Permit Preparation Checklist:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Production-based Standards Calc. Sheets (for Sampling Points _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mass-based Standards Calc. Sheets (for Sampling Points _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equivalent Concentration Limits Sheets (for Sampling Points _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Most Strict Limits Sheets (for Sampling Points _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Combined Wastestream Formula Sheets (for Sampling Points _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Text of any Customized Special Conditions: If Yes, for which SCs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other: _____			

COMMENTS (Include notations of any significant changes from last permit):

Permit for new location. Per the IUQ, flows at each sample point were estimated based on water usage at the old location. Additionally, lead, zinc, & mercury listed as KP/SP pollutants. Used in small amounts (5 lbs. per year) with 0 lbs. to sewer. No monitoring required for these pollutants as a result.

PERMIT NO: 1055710900

SPECIAL CONDITIONS NOT TIED TO SPECIFIC SAMPLE POINTS

Special Condition:	# <u>E.18</u>	# _____	# _____	# _____	# _____	# _____	# _____	# _____
List any related SMR certifications:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
SMR certification frequency:	[none]	[none]	[none]	[none]	[none]	[none]	[none]	[none]
List any related General Reports:	# <u>Rad discharge report</u>	# _____	# _____	# _____	# _____	# _____	# _____	# _____
General Report frequency:	<u>once 3 mo</u>	[none]	[none]	[none]	[none]	[none]	[none]	[none]

Are all the SMR certifications listed above associated with first permit sample point (001)? YES ☐ NO ☐ N/A (No Certs) ☒

Check here if there are no non-SP-specific Special Conditions: ☐

SAMPLING POINT REFERENCE NUMBER: 001

TYPE: Ord ☒ Cat ☐ Comb ☐

Wastewater Components: Hospital Waste + Lab Waste + Sanitary + Non-Contact Cooling Water + Storm Water

Flow Rate: 36,687

Units: GPD

Basis for Flow Rate: 09/21/20 IUQ

Pollutants	Basis for inclusion (or exclusion of std polls)	Basis for limitation (Ord 15048, CFR ____, etc)	Monitoring frequency	Basis for monitoring freq. (std for vol, etc; innocuous, low flow, etc)	Any OK?
GENERAL:					
FLOW	Standard	N/A	once 3 mo	Standard for flow	
BOD	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
COD	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
O&G	Standard	Ordinance 15048	once 3 mo	Standard for volume	
pH	Standard	Ordinance 15048	once 3 mo	Standard for volume	
Temp	Standard	Ordinance 15048	once 3 mo	Standard for volume	
TSS	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
Ord. TTO	Standard	Ordinance 15048	once/year	Standard for volume, TTO's	
Total Phenols	Standard for hospitals; KP pollutant	Ordinance 15048	once 3 mo	Standard for volume	<input type="checkbox"/>
			[none]		<input type="checkbox"/>
PRIORITY/CATEGORICAL:					
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>

Special Condition:	# D.10	# _____	# _____	# _____	# _____	# _____	# _____	# _____
List related SMR certs:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
SMR cert frequency:	# [none]	# [none]	# [none]	# [none]	# [none]	# [none]	# [none]	# [none]
List related General Rpts:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
General Rpt frequency:	# [none]	# [none]	# [none]	# [none]	# [none]	# [none]	# [none]	# [none]

Is this an Ord or Comb SP w/mon for TTO and that has no TOs on site? YES ☐ NO ☒ If Yes, is SMR Gen Cert. A attached at once/3 mo freq.? YES ☐

Any significant changes? YES ☐ NO ☒ Explain: _____

SAMPLING POINT REFERENCE NUMBER: 002

TYPE: Ord ☒ Cat ☐ Comb ☐

Wastewater Components: Hospital Waste + Sanitary + Non-Contact Cooling Water + Storm Water

Flow Rate: 32,330

Units: GPD

Basis for Flow Rate: 09/21/20 IUQ

Pollutants	Basis for inclusion (or exclusion of std polls)	Basis for limitation (Ord 15048, CFR____, etc)	Monitoring frequency	Basis for monitoring freq. (std for vol, etc; innocuous, low flow, etc)	Any OK?
GENERAL:					
FLOW	Standard	N/A	once 3 mo	Standard for flow	
BOD	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
COD	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
O&G	Standard	Ordinance 15048	once 3 mo	Standard for volume	
pH	Standard	Ordinance 15048	once 3 mo	Standard for volume	
Temp	Standard	Ordinance 15048	once 3 mo	Standard for volume	
TSS	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
Ord. TTO	Standard	Ordinance 15048	once/year	Standard for volume, TTO's	
Total Phenols	Standard for hospitals; KP pollutant	Ordinance 15048	once 3 mo	Standard for volume	<input type="checkbox"/>
			[none]		<input type="checkbox"/>
PRIORITY/CATEGORICAL:					
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>

Special Condition:	# <u>D.10</u>	# _____	# _____	# _____	# _____	# _____	# _____	# _____
List related SMR certs:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
SMR cert frequency:	[none]	[none]	[none]	[none]	[none]	[none]	[none]	[none]
List related General Rpts:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
General Rpt frequency:	[none]	[none]	[none]	[none]	[none]	[none]	[none]	[none]

Is this an Ord or Comb SP w/mon for TTO and that has no TOs on site? YES ☐ NO ☒ If Yes, is SMR Gen Cert. A attached at once/3 mo freq.? YES ☐

Any significant changes? YES ☐ NO ☒ Explain: _____

SAMPLING POINT REFERENCE NUMBER: 003

TYPE: Ord ☐ Cat ☐ Comb ☐

Wastewater Components: Hospital Waste + Kitchen Waste + Sanitary + Non-Contact Cooling Water + Boiler Blowdown + Storm Water

Flow Rate: 65,313

Units: GPD

Basis for Flow Rate: 09/21/20 IUQ

Pollutants	Basis for inclusion (or exclusion of std polls)	Basis for limitation (Ord 15048, CFR____, etc)	Monitoring frequency	Basis for monitoring freq. (std for vol, etc; innocuous, low flow, etc)	Any OK?
GENERAL:					
FLOW	Standard	N/A	once 3 mo	Standard for flow	
BOD	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
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O&G	Standard	Ordinance 15048	once 3 mo	Standard for volume	
pH	Standard	Ordinance 15048	once 3 mo	Standard for volume	
Temp	Standard	Ordinance 15048	once 3 mo	Standard for volume	
TSS	Standard	N/A	once 3 mo	Standard for volume	<input type="checkbox"/>
Ord. TTO	Standard	Ordinance 15048	once/year	Standard for volume, TTO's	
Total Phenols	Standard for hospitals; KP pollutant	Ordinance 15048	once 3 mo	Standard for volume	<input type="checkbox"/>
			[none]		<input type="checkbox"/>
PRIORITY/CATEGORICAL:					
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>
			[none]		<input type="checkbox"/>

Special Condition:	# <u>D.10</u>	# _____	# _____	# _____	# _____	# _____	# _____	# _____
List related SMR certs:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
SMR cert frequency:	[none]	[none]	[none]	[none]	[none]	[none]	[none]	[none]
List related General Rpts:	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
General Rpt frequency:	[none]	[none]	[none]	[none]	[none]	[none]	[none]	[none]

Is this an Ord or Comb SP w/mon for TTO and that has no TOs on site? YES ☐ NO ☒ If Yes, is SMR Gen Cert. A attached at once/3 mo freq.? YES ☐

Any significant changes? YES ☐ NO ☒ Explain: _____

PERMIT PREPARATION CHECKLIST – PART 1
(Fact Sheet Attachment)

Company Name: SSM HEALTH ST LOUIS UNIVERSITY HOSPITAL

Permit No.: 1055710900

Effective Date: 12/1/2020

Prepared by: C. Reidt

Date: 10/15/2020

REVIEW THE PRETREATMENT DATABASE (PIMS), INDUSTRY FILE AND PERMIT APPLICATION.
ANSWER THESE QUESTIONS & UPDATE THE DATABASE PRIOR TO DEVELOPING THE DRAFT PERMIT.

1. Are the correct SICs listed? Yes ☒ No ☐
If no, add _____ delete: _____
2. Is user in surcharge? Yes ☐ No ☒
If yes, date last certified: _____
If yes, Special Condition F.2 applies.
3. Does user's premise have more than one MSD account? Yes ☐ No ☒
If yes, were all account numbers correctly listed (including occupant #s)? Yes ☐ No ☐
If no, have account numbers been corrected in database before proceeding? Yes ☐ No ☐
4. Does user have a Return Factor (RF) other than 1.00 for any account? Yes ☐ No ☒
If yes, list acct no., RF and date last updated:
Acct _____ RF _____ Updated _____
Acct _____ RF _____ Updated _____
If yes, Special Condition F.1 applies.
5. Does user discharge water (on-site) from a source not included in the MSD Billing system? Yes ☐ No ☒
If yes, Special Condition F.3 & General Report "Discharge Volume for Billing" apply.
If yes, Is a flow meter used to record the volume discharged from this other source? Yes ☐ No ☐
If yes, SC E.37 and Gen. Rpt. "Calibration of Discharge Flow Meter" apply.
If no, SC E.38 applies.
6. Have you established agreement among permit application, water consumption records and PIMS on component flows at each SP, total SP flows and total premise flow? Yes ☐ No ☒
If no, explain No water usage data available in eCIS at the time of the IUQ being completed; flow estimates for each point were made based on data from old hospital location's usage.
7. Has user been granted any variances from ordinance limitations? Yes ☐ No ☒
If yes, Application Date: _____
Approval Date: _____, or approved as part of this permit issuance? Yes ☐
(Variances cannot last more than 5 years after approval)
If yes, Parameter(s) _____ at SP(s) _____
If yes, Special Condition C.4 applies.
8. Have any numerical limitations been applied to user, in addition to those already contained in the ordinance? Yes ☐ No ☒
If yes, Parameter(s) _____ at SP(s) _____
Date limit(s) originally applied: _____, or as part of variance above? ☐
If yes, are Special Conditions, other than the standard special conditions, required? Yes ☐ No ☐
If yes, explain under "non-standard special conditions" question below.
9. Does user discharge any radioactive materials? Yes ☒ No ☐
If yes, Special Condition E.18 & General Report "Radiation Discharge" apply.
10. Does user generate wastes and/or wastewater by genetic engineering research? Yes ☐ No ☒
If yes, Special Condition B.12 applies.
11. Do all of the user's active connections, to MSD sewers, have identified SPs? Yes ☒ No ☐
If no, explain: _____
If no, is documentation sufficient to use Special Condition?
E.5 ☐ "Sampling Not Required at Connections with NO SP and with SP on parts",
E.6 ☐ "Sampling Not Required at Connection with NO SP on it",
E.7 ☐ "Sampling Not Required at Connection with SP on only part of it", or
E.8 ☐ "Sampling Not Required at Permittee with No SP"?
If no, is compliance schedule necessary to obtain documentation? Yes ☐ No ☐
If yes, Special Condition G.1 is necessary.
12. Does premise require use of "upstream/downstream" sampling? Yes ☐ No ☒
If yes, Upstream SP # _____ & Downstream SP # _____
If yes, Special Conditions D.11 and E.9 apply.
13. Are there any inactive connections to MSD sewers? Yes ☐ No ☒
If yes, Special Condition E.10 applies.
14. Have you verified, in PIMS, the SP location descriptions are complete and adequate? Yes ☒ No ☐

15. Have you verified, in PIMS, the discharge components, process descriptions and related flows at all SPs, are complete and adequate? Yes ☒ No ☐

16. Does user have any discharges subject to NPDES permitting regulations? Yes ☐ No ☒
 If yes, list MSD points & corresponding NPDES points: _____
 If yes, Special Condition E.14 applies.

17. Do any SPs convey stormwater in addition to regulated wastewater? Yes ☒ No ☐
 If yes, list points: 001, 002, 003 and note on P&LD sheets.
 If yes, Special Condition D.10 applies.

18. Are any SPs Dry Justified in PIMS? Yes ☐ No ☒
 If yes, list points _____ and note on P&LD sheets.
 If yes, no self-monitoring is required, and Special Condition E.3 applies.

19. Are there SPs where user discharges only non-process wastewater? Yes ☐ No ☒
 If yes, does no self-monitoring requirement / Special Condition E.3 apply? Yes ☐ No ☐
 If yes, list points _____ and note on P&LD sheets.

20. Are there SPs with infrequent discharges that require coordination with the user for MSD to collect samples? Yes ☐ No ☒
 If yes, list points: _____ and note on P&LD sheets.
 If yes, Special Condition D.14 applies.

21. Is documentation adequate to allow use of grab samples in lieu of composites at any SPs? Yes ☐ No ☒
 If yes, list points _____ and note on P&LD sheets.
 If yes, Special Condition D.1 applies.

22. Are there SPs with self-monitoring requirements, but at less than a quarterly frequency, for all parameters? Yes ☐ No ☒
 If yes, list points _____ and note on P&LD sheets.
 If yes, Special Condition E.4 applies.

23. Can local limits TTO be removed from monitoring at any ordinance SPs? Yes ☐ No ☒
 If yes, list points _____ and explain on P&LD sheets.
 If yes, does TTO also need to be removed from MSD's monitoring? Yes ☐ No ☐
 If yes, discuss with inspector (name: _____) and explain why it had been monitored by MSD:

24. Does user have a history of compliance problems at this or a previous location? Yes ☐ No ☒
 If yes, explain problems: _____
 If yes, is a compliance schedule required? Yes ☐ No ☐
 If yes, Special Condition G.1 applies.
 Is supporting documentation attached? Yes ☐ No ☐
 If yes, are any other special requirements required? Yes ☐ No ☐
 Explain:

25. Has user chosen to employ continuous monitoring techniques for:
 pH? If yes, list points _____. SC E.29 & Gen Rpt "Cont-Mon pH Excursions" apply. Yes ☐ No ☒
 Temp? If yes, list points _____. SC E.30 & Gen Rpt "Cont-Mon Temp Excursions" apply. Yes ☐ No ☒
 LEL? If yes, list points _____. SC E.31 & Gen Rpt "Cont-Mon LEL Excursions" apply. Yes ☐ No ☒
 If yes for pH or Temp, have corresponding SP limits in PIMS been set to 'Alert Only' and does PIMS Monitoring Special Instructions have notes re. field 'violations'? Yes ☐ No ☐

26. Does the company perform any processes for which summaries of activities are needed? Yes ☐ No ☒
 If yes, Special Condition E.33 & General Report "Process Activity Summary" apply.

27. Are special billing conditions, other than the standard Special Conditions, needed? Yes ☐ No ☒
 If yes, describe: _____
 If yes, Special Condition F.4 applies.
 Does General Report "Discharge Volume for Billing" apply? Yes ☐ No ☐
 Does General Report "Custom Non-Standard" apply? Yes ☐ No ☐

28. Are any Special Conditions, other than the standard special conditions, required? Yes ☐ No ☒
 If yes, explain: _____
 Which Special Condition applies? _____
 Is supporting documentation attached? Yes ☐ No ☐
 If no, explain: _____
 Does General Report "Custom Non-Standard" apply? Yes ☐ No ☐

29. Is user a hauled waste industry, discharging its wastewater at the Hauled Waste Station? Yes ☐ No ☒
 If yes, have ☐ permit title, ☐ cover page, & ☐ general conditions been modified? Yes ☐ No ☐
 If yes, Special Conditions B.9, C.7, D.13, H.1, and H.2 apply.

30. Is user classified as a Categorical Industrial User (CIU)? Yes ☐ No ☒
 If yes, complete part 2 of checklist. If no, STOP here.

List all the Special Conditions from Part 1 that are applicable to this permit.
 List those that are specific to a sampling point on that sampling point's fact sheet, too.
 List those that are not specific to a sampling point on the "Special Conditions Not Tied to Specific SPs" fact sheet, too.

General Report	Special Condition #	Sampling Point #
	E.18	N/A
	D.10	001, 002, 003